2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000003080

1. Entity Name
ROYAL TABERNACLE HOUSE OF PRAYER MINISTRIES INC.

FILED
05 SEP 20 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2016 EVERGREEN AVE. JACKSONVILLE, FL 32206	2016 EVERGREEN AVE. JACKSONVILLE, FL 32206

09012005 Chg-NP T. Roberts SEP 21 2005
CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 01-0673432 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GANTLING, BERNADETTE L 2016 EVERGREEN AVE. JACKSONVILLE, FL 32206	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GATLING, BERNADETTE	NAME	
STREET ADDRESS	2016 EVERGREEN AVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	REED, TRINA	NAME	D TRINA Reed
STREET ADDRESS	733 W 21ST ST	STREET ADDRESS	7116 Ken Knight Dr
CITY-ST-ZIP	JACKSONVILLE, FL 32206	CITY-ST-ZIP	Jacksonville Fl 32209
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	HARMON, DODOTHY	NAME	D Dorothy Harmon
STREET ADDRESS	111 LONGBRANCH BLVD	STREET ADDRESS	10770 Andres Blvd. 404
CITY-ST-ZIP	JACKSONVILLE, FL 32206	CITY-ST-ZIP	Jacksonville Fl 32246
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	200059772002
STREET ADDRESS		STREET ADDRESS	09/20/05--01012--011 **70.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bernadette Gantling 9/1/05 904 475 1837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #